

UNITED STATES DISTRICT COURT

for the

Eastern District of Oklahoma

(1) JESUS SANCHEZ)

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Plaintiff(s))

v.)

Civil Action No. CIV-25-196-DES

(1) CORECIVIC, INC., d/b/a THE DAVIS
CORRECTIONAL FACILITY)

)

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)

Defendant(s))

)

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) CORECIVIC, INC., d/b/a THE DAVIS CORRECTIONAL FACILITY
 c/o C T Corporation System
 300 Montvue Rd.
 Knoxville, TN 37919-5546

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Derek S. Franseen
 Walsh & Franseen
 200 E. 10th Street Plaza
 Edmond, OK 73034

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 6/9/2025



CLERK OF COURT

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. CIV-25-196-DES

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) _____
 was received by me on (date) _____.

I personally served the summons on the individual at (place) _____
 on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____
 , a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

I returned the summons unexecuted because _____ ; or

Other (specify): Complaint and summons served by certified mail 6/18/25 to CoreCivic Inc.'s registered agent; USPS "green card" and USPS tracking attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 6/23/25



Janet Bullington
Server's signature

Janet Bullington, Paralegal
Printed name and title

Walsh & Franseen
 200 E 10th Street Plaza
 Edmond, OK 73034
Server's address

Additional information regarding attempted service, etc:

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	6/10/25 <small>Postmark Here</small> <i>Sánchez Complaint & Summary</i>
Postage \$ _____ Total Postage and Fees \$ _____	10.20
<small>Bent To Street and Apt. No., or P.O. Box No. 305 Montvue Rd City, State, ZIP+4® KNOXVILLE, TN 37919-5546</small>	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">CORECIVIC, INC. C/o CT CORPORATION SYSTEM 300 MONTVUE RD. KNOXVILLE, TN 37919-5546</p> <p style="margin-left: 20px;">  9590 9402 4532 8278 0411 45 </p> <p>2. Article Number (Transfer from service label)</p> <p style="margin-left: 20px;">7018 1830 0000 7167 5617</p>		COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Scammon, S. J.</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Scammon, S. J.</i></p> <p>C. Date of Delivery <i>June 10, 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery </p>
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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